

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed: 20	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI		OFFICE USE ONLY		
	Mr Jim NICKNAME LAST SUFFIX				
Valdez		Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address					
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Hand-delivered or Date Postmarked			
9611 Elmstone Dr. San Antonio, TX 78254					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION		Receipt # Amount		
(210) 232-3227					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI		Date Processed		
	Beverly NICKNAME LAST SUFFIX		Date Imaged		
Valdez					
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
9611 Elmstone San Antonio, TX 78254					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
(210) 232-3227					
9 REPORT TYPE	30th Day Before Main Election				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year				
1/15/2005 4/6/2005					
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			
5/7/2005					
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
		Council District 7			
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **				
	Name				
	Address / PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mr Jim Valdez

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$3850.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$0

4. TOTAL POLITICAL EXPENDITURES

\$1872.49

CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$0

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$0

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mr Jim Valdez, this the 7th day
of April, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath_____
Printed name of officer administering oath_____
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:
1 of 3

2 FILER NAME

Mr Jim Valdez

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/16/2005

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Francisco Conceco

6 Contributor address; City; State; Zip Code

104 Brand Dr
Laredo, TX 78401

7 Amount of
contribution (\$)
500.00

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)
Attorney

10 Employer (See Instructions)
Self

Date

2/17/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Bill Mutzig

Contributor address; City; State; Zip Code

2 Victory Green
San Antonio, TX 78257

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

3/1/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Jim McGrody

Contributor address; City; State; Zip Code

29703 Fairway Bluff
Boerne, TX 78015

Amount of
contribution (\$)
200.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

3/8/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Manny Torres

Contributor address; City; State; Zip Code

7715 Aspen Park Dr
San Antonio, TX 78249

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
N/A

Date

3/10/2005

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mr Steve Salyer

Contributor address; City; State; Zip Code

13507 Demeter
San Antonio, TX 78148

Amount of
contribution (\$)
100.00

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)
Physician Assistant

Employer (See Instructions)
US Government

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 2 of 3	
2 FILER NAME Mr Jim Valdez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3/12/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Gloria Conceco 6 Contributor address; City; State; Zip Code 104 Brand Laredo, TX 78401	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Homemaker		10 Employer (See Instructions) N/A	
Date 3/15/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Rudy Carreon Contributor address; City; State; Zip Code 661 Duncan Dr San Antonio, TX 78226-	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Standard Aero	
Date 3/25/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Rudy Carreon Contributor address; City; State; Zip Code 661 Duncan Dr San Antonio, TX 78226-	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Standard Aero	
Date 3/1/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mrs Mary Rodgers Contributor address; City; State; Zip Code 123 Mondean San Antonio, TX 78251	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 3/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Walt Wilson Contributor address; City; State; Zip Code 23903 Seven Winds San Antonio, TX 78254-	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A: 3 of 3	
2 FILER NAME Mr Jim Valdez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/22/2005	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Republican Mens Club 6 Contributor address; City; State; Zip Code 9611 Elmstone Dr San Antonio, TX 78254-	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) N/A	
Date 3/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Ricardo Samano Contributor address; City; State; Zip Code 130 E. Highland San Antonio, TX 78210	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A	
Date 3/20/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mr Beverly Valdez Contributor address; City; State; Zip Code 9611 Elmstone San Antonio, TX 78254	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Jim Valdez & Associates	
Date 3/2/2005	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dora Samano Contributor address; City; State; Zip Code 130 E. Highland San Antonio, TX 78210	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Hair Stylist		Employer (See Instructions) Self	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



PLEDGED CONTRIBUTIONS**SCHEDULE B**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule B:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 TOTAL OF UNITEMIZED PLEDGES:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

5 Date**6** Full name of pledgor☐ out-of-state PAC (ID#:_____)**8** Amount of
pledge (\$)**9** In-kind description
(if applicable)**7** Pledgor address; City; State; Zip Code**10** Principal occupation / Job title (See Instructions)**11** Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of pledgor

☐ out-of-state PAC (ID#:_____)Amount of
pledge (\$)In-kind description
(if applicable)

Pledgor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**

LOANS**SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1 of 1

2 FILER NAME

Mr Jim Valdez

3 ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$1500.00

5 Date of loan

2/28/2005

7 Name of lender☐ out-of-state PAC (ID#:_____)

Jim & Beverly Valdez

9 Loan Amount (\$)

1500.00

6 Is lender a financial institution?

No

8 Lender address; City; State; Zip Code9611 Elmstone
San Antonio, TX 78254**10** Interest rate

0.050000

11 Maturity date

6/30/2005

12 Principal occupation / Job title (See Instructions)

Director

13 Employer (See Instructions)

DCSSA

14 Description of Collateral☒ none**15** GUARANTOR INFORMATION☒ not applicable**16** Name of guarantor**17** Guarantor address; City; State; Zip Code**18** Amount Guaranteed (\$)

0

19 Principal Occupation**20** Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID#:_____)

Loan Amount (\$)

Is lender a financial institution?

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

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If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 8

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date 3/1/2005	5 Payee name Beverly Valdez 6 Payee address; City; State; Zip Code 9611 Elmstone San Antonio, TX 78254	7 Amount (\$) 25.00
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8 Purpose of payment (See instructions regarding type of information required.) Loan Repayment	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Jim Valdez Council District 7
--	---

Date 2/22/2005	Payee name Beverly Valdez Payee address; City; State; Zip Code 9611 Elmstone Dr San Antonio, TX 78254	Amount (\$) 130.00
-------------------	---	------------------------------

Purpose of payment (See instructions regarding type of information required.) Reimbursement of Loan	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Jim Valdez Council District 7
--	--

Date 2/23/2005	Payee name Screen Art Tech Payee address; City; State; Zip Code 1212 same San Antonio, TX 78232	Amount (\$) 400.00
-------------------	---	------------------------------

Purpose of payment (See instructions regarding type of information required.) Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Jim Valdez Council District 7
--	--

Date 3/23/2005	Payee name Sea Island Payee address; City; State; Zip Code 11715 Bandera Rd San Antonio, TX 78254	Amount (\$) 19.31
-------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Food for Volunteers	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held Jim Valdez Council District 7
--	--

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 8

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date 3/14/2005	5 Payee name Pizza Hut 6 Payee address; City; State; Zip Code 12730 Bandera Helotes, TX 78254	7 Amount (\$18.00)
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8 Purpose of payment (See instructions regarding type of information required.) Food For Campaign Workers	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	--

Date 3/7/2005	Payee name HEB Payee address; City; State; Zip Code 11727 Bandera Rd San Antonio, TX 78254	Amount (\$10.00)
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Purpose of payment (See instructions regarding type of information required.) Fuel for Campaign Worker	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/28/2005	Payee name HEB Payee address; City; State; Zip Code 11727 Bandera Rd San Antonio, TX 78254	Amount (\$10.00)
-----------------------	--	---------------------

Purpose of payment (See instructions regarding type of information required.) Fuel	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/22/2005	Payee name HEB Payee address; City; State; Zip Code 11727 Bandera Rd San Antonio, TX 78254	Amount (\$26.51)
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Purpose of payment (See instructions regarding type of information required.) Gas	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 8

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date 2/21/2005	5 Payee name McDonalds 6 Payee address; City; State; Zip Code 11727 Bandera San Antonio, TX 78254	7 Amount (\$) 6.66
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8 Purpose of payment (See instructions regarding type of information required.) Food for Campaign Workers	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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Date 3/25/2005	Payee name Diamond 95 Shamrock Payee address; City; State; Zip Code 11204 Bandera Rd San Antonio, TX 78250	Amount (\$) 9.25
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Purpose of payment (See instructions regarding type of information required.) Fuel	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/25/2005	Payee name Diamond 95 Shamrock Payee address; City; State; Zip Code 11204 Bandera Rd San Antonio, TX 78250	Amount (\$) 9.25
-----------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.) Fuel	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/21/2005	Payee name Diamond 95 Shamrock Payee address; City; State; Zip Code 11204 Bandera Rd San Antonio, TX 78250	Amount (\$) 10.00
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Gas for Campaign Worker	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 8

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date 3/9/2005	5 Payee name Diamond 95 Shamrock 6 Payee address; City; State; Zip Code 11204 Bandera Rd San Antonio, TX 78250	7 Amount (\$) 10.00
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8 Purpose of payment (See instructions regarding type of information required.) Fuel for Campaign worker	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 3/17/2005	Payee name Diamond 95 Shamrock Payee address; City; State; Zip Code 11204 Bandera Rd San Antonio, TX 78250	Amount (\$) 10.03
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Fuel for Campaign Worker	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/21/2005	Payee name Diamond 95 Shamrock Payee address; City; State; Zip Code 11204 Bandera Rd San Antonio, TX 78250	Amount (\$) 10.11
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Gas for Campaign Worker	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 3/14/2005	Payee name Diamond 95 Shamrock Payee address; City; State; Zip Code 11204 Bandera Rd San Antonio, TX 78250	Amount (\$) 15.06
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Fuel for Campaign Worker	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5 of 8

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date

3/28/2005

5 Payee name

Diamond 95 Shamrock

6 Payee address; City; State; Zip Code11204 Bandera Rd
San Antonio, TX 78250**7** Amount
(\$)**28.22****8** Purpose of payment (See instructions regarding type of information required.)

Fuel

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/17/2005

Payee name

Rolling Ridge Home Owner Association

Payee address; City; State; Zip Code

4941 Arbor Ridge
San Antonio, TX 78228Amount
(\$)**20.25**

Purpose of payment (See instructions regarding type of information required.)

Advertising

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/17/2005

Payee name

Office Max

Payee address; City; State; Zip Code

11725 Bandera Rd
San Antonio, TX 78254Amount
(\$)**21.50**

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/4/2005

Payee name

Office Max

Payee address; City; State; Zip Code

11725 Bandera Rd
San Antonio, TX 78254Amount
(\$)**36.60**

Purpose of payment (See instructions regarding type of information required.)

Office Supplies

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6 of 8

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date 3/15/2005	5 Payee name Right Printing 6 Payee address; City; State; Zip Code 2027 Sable Ln San Antonio, TX 78217	7 Amount (\$) 130.38
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8 Purpose of payment (See instructions regarding type of information required.) Printing	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 3/8/2005	Payee name Shell Oil Payee address; City; State; Zip Code 16203 Bandera Rd San Antonio, TX 78228	Amount (\$) 10.00
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Purpose of payment (See instructions regarding type of information required.) Fuel	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/11/2005	Payee name Shell Oil Payee address; City; State; Zip Code 16203 Bandera Rd San Antonio, TX 78228	Amount (\$) 10.08
-----------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Fuel for Campaign Worker	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

Date 3/7/2005	Payee name Target Payee address; City; State; Zip Code 11127 Bandera Rd San Antonio, TX 78254	Amount (\$) 27.41
----------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Supplies	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7 of 8

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date 3/7/2005	5 Payee name Bill Miller Bar B Q 6 Payee address; City; State; Zip Code 13787 Bandera Rd Helotes, TX 78254	7 Amount (\$) 5.58
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8 Purpose of payment (See instructions regarding type of information required.) Food for Campaign Worker	9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	--

Date 3/28/2005	Payee name Electon Support Services Payee address; City; State; Zip Code 5309 McCullough San Antonio, TX 78212	Amount (\$) 138.67
-----------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) Voter Lists	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 3/28/2005	Payee name Electon Support Services Payee address; City; State; Zip Code 5309 McCullough San Antonio, TX 78212	Amount (\$) 199.34
-----------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) Voter Lists	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
--	---

Date 2/28/2005	Payee name Screen Tech Arts Payee address; City; State; Zip Code 2810 Thousandoaks San Antonio, TX 78232	Amount (\$) 125.28
-----------------------	--	------------------------------

Purpose of payment (See instructions regarding type of information required.) Advertising	** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8 of 8

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date

2/23/2005

5 Payee name

Screen Tech Arts

7 Amount(\$)**400.00****6** Payee address; City; State; Zip Code2810 Thousandoaks
San Antonio, TX 78232**8** Purpose of payment (See instructions regarding type of information required.)

Advertising

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount

(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule G: 1 of 1
2 FILER NAME Mr Jim Valdez		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name	8 Amount (\$)
	6 Payee address; City; State; Zip Code	
	7 Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)	<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date**5** Business name**7** Amount
(\$).....
6 Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount
(\$).....
Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule I: 1 of 1
2 FILER NAME Mr Jim Valdez		3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information required.)	8 Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

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CREDITS (optional)**SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule K:

1 of 1

2 FILER NAME**3** ACCOUNT # (Ethics Commission filers)

Mr Jim Valdez

4 Date	5 Payor name	8 Amount (\$)
 6 Payor address; City; State; Zip Code	
	7 Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
 Payor address; City; State; Zip Code	
	Reason for credit	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ******1 C/OH NAME**

Mr Jim Valdez

2 ACCOUNT # (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER****** Complete A & B below *only* if you are not an officeholder. ******A. CAMPAIGN FUNDS**

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate**5 OFFICEHOLDER****** Complete this section *only* if you are an officeholder ****☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder